
State:	District of Columbia	Filing Company:	ARAG Insurance Company
TOI/Sub-TOI:	33.0 Other Lines of Business/33.0002 Other Commercial Lines		
Product Name:	DC-PULPLAN_2016 03/18		
Project Name/Number:	DC-PULPLAN_2016 03/18/DC-PULPLAN_2016 03/18		

Filing at a Glance

Company:	ARAG Insurance Company
Product Name:	DC-PULPLAN_2016 03/18
State:	District of Columbia
TOI:	33.0 Other Lines of Business
Sub-TOI:	33.0002 Other Commercial Lines
Filing Type:	Form
Date Submitted:	05/02/2018
SERFF Tr Num:	ARAG-131478879
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	DC-PULPLAN_2016 03/18 FORMS
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Andrea Tyler
Reviewer(s):	Carmen Belen (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

State: District of Columbia **Filing Company:** ARAG Insurance Company
TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines
Product Name: DC-PULPLAN_2016 03/18
Project Name/Number: DC-PULPLAN_2016 03/18/DC-PULPLAN_2016 03/18

General Information

Project Name: DC-PULPLAN_2016 03/18 Status of Filing in Domicile: Authorized
Project Number: DC-PULPLAN_2016 03/18 Domicile Status Comments:
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 05/02/2018
State Status Changed: Deemer Date:
Created By: Andrea Tyler Submitted By: Andrea Tyler
Corresponding Filing Tracking Number: The corresponding
rate filing SERFF Tracking Number is ARAG-131478807

Filing Description:

Enclosed please find a form for several new optional endorsements that we want to add to our PULPLAN_2016 plan, which was previously approved under SERFF Tracking Number ARAG-130782494. We are also making some language changes to the policy and certificate of insurance which we are submitting as well. The corresponding rate filing SERFF Tracking Number is ARAG-131478807. The purpose of this filing is to obtain approval of the forms.

In this regard we are submitting the following for approval:

DC-PULPLAN_2016DEC 03/18 – Group Legal Insurance Policy Declarations Page (updated to include all possible endorsements)

DC-PULPLAN_2016 03/18 – Group Legal Insurance Policy
Policy Endorsements

DC-CULPLAN_2016 03/18 – Certificate of Insurance
Certificate Endorsements

An effective date upon approval is requested.

Company and Contact

Filing Contact Information

Andrea Tyler, Regulatory Compliance andrea.tyler@ARAGlegal.com
Analyst
500 Grand Avenue 800-888-4184 [Phone] 221 [Ext]
Suite 100 515-246-8710 [FAX]
Des Moines, IA 50309

Filing Company Information

ARAG Insurance Company	CoCode: 34738	State of Domicile: Iowa
500 Grand Avenue	Group Code:	Company Type: Property and
Suite 100	Group Name: None	Casualty
Des Moines, IA 50309	FEIN Number: 42-1338303	State ID Number: 0034738
(800) 888-4184 ext. 221[Phone]		

State: District of Columbia **Filing Company:** ARAG Insurance Company
TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines
Product Name: DC-PULPLAN_2016 03/18
Project Name/Number: DC-PULPLAN_2016 03/18/DC-PULPLAN_2016 03/18

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: District of Columbia

Filing Company:

ARAG Insurance Company

TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines

Product Name: DC-PULPLAN_2016 03/18

Project Name/Number: DC-PULPLAN_2016 03/18/DC-PULPLAN_2016 03/18

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Master Policy Declarations Page	DC-PULPLAN_2016DEC	03/18	DEC	Replaced	Previous Filing Number:	ARAG-130782494	0.000	DC-PULPLAN_2016 DEC 03-18.pdf
							Replaced Form Number:	DC-PULPLAN_2016DEC 05/16		
2		Master Policy	DC-PULPLAN_2016	03/18	PCF	Replaced	Previous Filing Number:	ARAG-130782494	0.000	DC-PULPLAN_2016 03-18.pdf
							Replaced Form Number:	DC-PULPLAN_2016 05/16		
3		Bankruptcy	PULBANK2_16	03/18	END	New			0.000	PULBANK2_16 03_18.pdf
4		Building Codes - Secondary Residence	PULBLDG CDE2_16	03/18	END	New			0.000	PULBLDGCDE2_16 03_18.pdf
5		Child Support Enforcement	PULCHLD SUP4_16	03/18	END	New			0.000	PULCHLDSUP4_16 03_18.pdf
6		Uncontested Child Support Enforcement	PULCHLD SUP5_16	03/18	END	New			0.000	PULCHLDSUP5_16 03_18.pdf
7		Contested Child Support Enforcement - 8 Hours	PULCHLD SUP6_16	03/18	END	New			0.000	PULCHLDSUP6_16 03_18.pdf
8		Document Preparation	PULDOCP REP2_16	03/18	END	New			0.000	PULDOCPREP2_16 03_18.pdf
9		Document Review	PULDOCR EV_16	03/18	END	New			0.000	PULDOCREV_16 03_18.pdf
10		Protection from Domestic Violence - Named Insured	PULDOME STIC2_16	03/18	END	New			0.000	PULDOMESTIC2_16 03_18.pdf
11		Protection from Domestic Violence - Insured	PULDOME STIC3_16	03/18	END	New			0.000	PULDOMESTIC3_16 03_18.pdf
12		Easement - Secondary Residence	PULEASE MENT2_16	03/18	END	New			0.000	PULEASEMENT2_16 03_18.pdf
13		Court Filing Fees - \$50	PULFILING FEES1_16	03/18	END	New			0.000	PULFILINGFEES1_16 03_18.pdf
14		Court Filing Fees - \$100	PULFILING FEES2_16	03/18	END	New			0.000	PULFILINGFEES2_16 03_18.pdf
15		Foreclosure - Secondary Residence	PULFORE CL2_16	03/18	END	New			0.000	PULFORECL2_16 03_18.pdf

State: District of Columbia

Filing Company:

ARAG Insurance Company

TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines

Product Name: DC-PULPLAN_2016 03/18

Project Name/Number: DC-PULPLAN_2016 03/18/DC-PULPLAN_2016 03/18

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
16		Protection of Inheritance Rights	PULINHERIT2_16	03/18	END	New		0.000	PULINHERIT2_16 03_18.pdf
17		Mechanic's Lien	PULMECHANICSLIEN_16	03/18	END	New		0.000	PULMECHANICSLIEN_16 03_18.pdf
18		Post Decree Modification - Alimony and Child Support	PULPOSTMOD4_16	03/18	END	New		0.000	PULPOSTMOD4_16 03_18.pdf
19		Uncontested Post Decree Modification - Alimony and Child Support	PULPOSTMOD5_16	03/18	END	New		0.000	PULPOSTMOD5_16 03_18.pdf
20		Contested Post Decree Modification - Alimony and Child Support - 8 Hours	PULPOSTMOD6_16	03/18	END	New		0.000	PULPOSTMOD6_16 03_18.pdf
21		Qualified Domestic Relations Order	PULQDRO_16	03/18	END	New		0.000	PULQDRO_16 03_18.pdf
22		Purchase of Real Estate - Rental	PULRENTALPURCH_16	03/18	END	New		0.000	PULRENTALPURCH_16 03_18.pdf
23		Sale of Real Estate - Rental	PULRENTALSALE_16	03/18	END	New		0.000	PULRENTALSALE_16 03_18.pdf
24		Restraining Order - Named Insured	PULRESTRNORDER1_16	03/18	END	New		0.000	PULRESTRNORDER1_16 03_18.pdf
25		Restraining Order - Insured	PULRESTRNORDER2_16	03/18	END	New		0.000	PULRESTRNORDER2_16 03_18.pdf
26		Student Loan Debt Collection	PULSTUDENTLOANDEBT_16	03/18	END	New		0.000	PULSTUDENTLOANDEBT_16 03_18.pdf
27		Funding a Trust	PULTRUSTFUNDING_16	03/18	END	New		0.000	PULTRUSTFUNDING_16 03_18.pdf
28		Zoning and Variances - Secondary Residence	PULZONVAR2_16	03/18	END	New		0.000	PULZONVAR2_16 03_18.pdf

State: District of Columbia

Filing Company:

ARAG Insurance Company

TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines

Product Name: DC-PULPLAN_2016 03/18

Project Name/Number: DC-PULPLAN_2016 03/18/DC-PULPLAN_2016 03/18

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
29		Certificate of Insurance	DC-CULPLAN_2016	03/18	CER	Replaced	Previous Filing Number:	ARAG-130782494	0.000	DC-CULPLAN_2016 03-18.pdf
							Replaced Form Number:	DC-CULPLAN_2016 05/16		
30		Bankruptcy	CULBANK2_16	03/18	END	New			0.000	CULBANK2_16 03_18.pdf
31		Building Codes - Secondary Residence	CULBLDGCDE2_16	03/18	END	New			0.000	CULBLDGCDE2_16 03_18.pdf
32		Child Support Enforcement	CULCHLD SUP4_16	03/18	END	New			0.000	CULCHLDSUP4_16 03_18.pdf
33		Uncontested Child Support Enforcement	CULCHLD SUP5_16	03/18	END	New			0.000	CULCHLDSUP5_16 03_18.pdf
34		Contested Child Support Enforcement - 8 Hours	CULCHLD SUP6_16	03/18	END	New			0.000	CULCHLDSUP6_16 03_18.pdf
35		Document Preparation	CULDOCP REP2_16	03/18	END	New			0.000	CULDOCPREP2_16 03_18.pdf
36		Document Review	CULDOCR EV_16	03/18	END	New			0.000	CULDOCREV_16 03_18.pdf
37		Protection from Domestic Violence - Named Insured	CULDOME STIC2_16	03/18	END	New			0.000	CULDOMESTIC2_16 03_18.pdf
38		Protection from Domestic Violence - Insured	CULDOME STIC3_16	03/18	END	New			0.000	CULDOMESTIC3_16 03_18.pdf
39		Easement - Secondary Residence	CULEASE MENT2_16	03/18	END	New			0.000	CULEASEMENT_2_16 03_18.pdf
40		Court Filing Fees - \$50	CULFILIN GFEES1_16	03/18	END	New			0.000	CULFILINGFEES1_16 03_18.pdf
41		Court Filing Fees - \$100	CULFILIN GFEES2_16	03/18	END	New			0.000	CULFILINGFEES2_16 03_18.pdf
42		Foreclosure - Secondary Residence	CULFORE CL2_16	03/18	END	New			0.000	CULFORECL2_16 03_18.pdf
43		Protection of Inheritance Rights	CULINHER IT2_16	03/18	END	New			0.000	CULINHERIT2_16 03_18.pdf
44		Mechanic's Lien	CULMECHANICSLIEN_16	03/18	END	New			0.000	CULMECHANICSLIEN_16 03_18.pdf

State: District of Columbia

Filing Company:

ARAG Insurance Company

TOI/Sub-TOI: 33.0 Other Lines of Business/33.0002 Other Commercial Lines

Product Name: DC-PULPLAN_2016 03/18

Project Name/Number: DC-PULPLAN_2016 03/18/DC-PULPLAN_2016 03/18

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
45		Post Decree Modification - Alimony and Child Support	CULPOSTMOD4_16	03/18	END	New		0.000	CULPOSTMOD4_16 03_18.pdf
46		Uncontested Post Decree Modification - Alimony and Child Support	CULPOSTMOD5_16	03/18	END	New		0.000	CULPOSTMOD5_16 03_18.pdf
47		Contested Post Decree Modification - Alimony and Child Support - 8 Hours	CULPOSTMOD6_16	03/18	END	New		0.000	CULPOSTMOD6_16 03_18.pdf
48		Qualified Domestic Relations Order	CULQDRO_16	03/18	END	New		0.000	CULQDRO_16 03_18.pdf
49		Purchase of Real Estate - Rental	CULRENTALPURCH_16	03/18	END	New		0.000	CULRENTALPURCH_16 03_18.pdf
50		Sale of Real Estate - Rental	CULRENTALSAL_16	03/18	END	New		0.000	CULRENTALSAL_16 03_18.pdf
51		Restraining Order - Named Insured	CULRESTRNORDER1_16	03/18	END	New		0.000	CULRESTRNORDER1_16 03_18.pdf
52		Restraining Order - Insured	PULRESTRNORDER2_16	03/18	END	New		0.000	CULRESTRNORDER2_16 03_18.pdf
53		Student Loan Debt Collection	CULSTUDENTLOANDEBT_16	03/18	END	New		0.000	CULSTUDENTLOANDEBT_16 03_18.pdf
54		Funding a Trust	CULTRUSTFUNDING_16	03/18	END	New		0.000	CULTRUSTFUNDING_16 03_18.pdf
55		Zoning and Variances - Secondary Residence	CULZONVAR2_16	03/18	END	New		0.000	CULZONVAR2_16 03_18.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions

State:	District of Columbia	Filing Company:	ARAG Insurance Company
TOI/Sub-TOI:	33.0 Other Lines of Business/33.0002 Other Commercial Lines		
Product Name:	DC-PULPLAN_2016 03/18		
Project Name/Number:	DC-PULPLAN_2016 03/18/DC-PULPLAN_2016 03/18		

ERS	Election/Rejection/Supplemental Applications	OTH	Other
------------	--	------------	-------

Policy Number: _____

ARAG INSURANCE COMPANY
500 Grand Avenue, Suite 100
Des Moines, Iowa 50309
GROUP LEGAL EXPENSE INSURANCE POLICY
DECLARATIONS

1. Name of **Policyholder**, Address

2. Policy Period

The term of this Policy shall be from _____ to _____ Standard Time at the address of **Policyholder**

3. Premium

4. Eligible persons

5. Policy Index

BENEFITS.....	As Endorsed
DEFINITIONS.....	5
AGREEMENT.....	6
EXCLUSIONS.....	7
CONDITIONS.....	7

6. Benefits

PULACCTBANK_16	05/16	Annual Accounting - Bankruptcy
PULACCTGRD_16	05/16	Annual Accounting - Guardianship/Conservatorship
PULADOPT1_16	05/16	Uncontested Adoption
PULADOPT2_16	05/16	Contested Adoption
PULBANK_16	05/16	Bankruptcy
PULBLDGCDE_16	05/16	Building Codes
PULCGVNGCKUP_16	05/16	Caregiving Services - Annual Check Up
PULCHLDSUP1_16	05/16	Child Support Enforcement
PULCHLDSUP2_16	05/16	Uncontested Child Support Enforcement
PULCHLDSUP3_16	05/16	Contested Child Support Enforcement - 8 hours
PULCIVIL1_16	05/16	Defense of Civil Damage Claims
PULCIVIL2_16	05/16	Defense of Civil Damage Claims
PULCONSMD_16	05/16	Consumer Protection - Defendant
PULCONSMP_16	05/16	Consumer Protection - Plaintiff
PULCONSM_16	05/16	Consumer Protection
PULCRDTRCRD_16	05/16	Credit Records Correction
PULCRIMP_16	05/16	Criminal Misdemeanor Defense
PULDEBT_16	05/16	Defense of Debt Collection
PULDISS1_16	05/16	Uncontested Divorce
PULDISS2_16	05/16	Contested Divorce
PULDISS3_16	05/16	Contested Divorce - 15 hours
PULDISS4_16	05/16	Contested Divorce - 20 hours

PULDISS5_16	05/16	Contested Divorce - 10 hours
PULDISS6_16	05/16	Contested Divorce - 25 hours
PULDOCPREP_16	05/16	Document Preparation and Review
PULDOMESTIC_16	05/16	Protection from Domestic Violence
PULDRIVP1_16	05/16	Driving Privilege Protection (excluding DWI-related)
PULDRIVP2_16	05/16	Driving Privilege Protection
PULDRVPRST1_16	05/16	Driving Privilege Restoration (excluding DWI-related)
PULDRVPRST2_16	05/16	Driving Privilege Restoration
PULEASEMENT_16	05/16	Easement
PULERDRIVP1_16	05/16	Employment Related Driving Privilege Protection (excluding DWI-related)
PULERDRIVP2_16	05/16	Employment Related Driving Privilege Protection
PULERDRVPRST1_16	05/16	Employment Related Driving Privilege Restoration (excluding DWI-related)
PULERDRVPRST2_16	05/16	Employment Related Driving Privilege Restoration
PULERMNTEFC1_16	05/16	Employment Related Minor Traffic (excluding DWI-related)
PULERMNTEFC2_16	05/16	Employment Related Minor Traffic - Broad (excluding DWI-related)
PULESTATE1_16	05/16	Estate Administration & Estate Closing (Probate)
PULESTATE2_16	05/16	Estate Administration & Estate Closing (Probate) - 9 hours
PULEXPNGE_16	05/16	Expungement
PULFORECL_16	05/16	Foreclosure
PULGARN_16	05/16	Defense of Garnishment
PULGUARD1_16	05/16	Uncontested Guardianship/Conservatorship
PULGUARD2_16	05/16	Contested Guardianship/Conservatorship
PULHABEAS_16	05/16	Habeas Corpus Proceedings
PULINCOMP_16	05/16	Mental Incompetency or Infirmary Proceedings
PULINHERIT_16	05/16	Protection of Inheritance Rights - 6 hours
PULIRS1_16	05/16	IRS Collection Defense
PULIRS2_16	05/16	IRS Audit Protection
PULJUVNL_16	05/16	Juvenile Court
PULMNTEFC1_16	05/16	Minor Traffic (excluding DWI-related)
PULMNTEFC2_16	05/16	Minor Traffic - Broad (excluding DWI-related)
PULMOTOR1_16	05/16	Defense of Motor Vehicular Homicide (excluding DWI-related)
PULMOTOR2_16	05/16	Defense of Motor Vehicular Homicide
PULNAME_16	05/16	Name Change
PULNBRDISP1_16	05/16	Neighbor Disputes
PULNBRDISP2_16	05/16	Neighbor Disputes - Secondary Residence
PULOFFICE1_16	05/16	General In Office Services - 2 hours
PULOFFICE2_16	05/16	General In Office Services - 4 hours
PULOFFICE3_16	05/16	General In Office Services - 6 hours
PULOFFICE4_16	05/16	General In Office Services - 8 hours
PULPARENTAL_16	05/16	Parental Responsibilities
PULPERSPROP_16	05/16	Personal Property Protection
PULPOSTDEF1_16	05/16	Post Decree Defense
PULPOSTDEF2_16	05/16	Uncontested Post Decree Defense
PULPOSTDEF3_16	05/16	Contested Post Decree Defense - 8 hours
PULPOSTENF1_16	05/16	Post Decree Enforcement
PULPOSTENF2_16	05/16	Uncontested Post Decree Enforcement
PULPOSTENF3_16	05/16	Contested Post Decree Enforcement - 8 hours
PULPOSTMOD1_16	05/16	Post Decree Modification
PULPOSTMOD2_16	05/16	Uncontested Post Decree Modification
PULPOSTMOD3_16	05/16	Contested Post Decree Modification - 8 hours
PULPOSTNUPT_16	05/16	Postnuptial Agreements
PULPRENUPT_16	05/16	Prenuptial Agreements
PULPROPREF1_16	05/16	Refinancing - Primary Residence

PULPROPT2_16	05/16	Purchase/Sale of Secondary Residence
PULPROPTAX1_16	05/16	Property Tax - Primary Residence
PULPURCH_16	05/16	Purchase of Real Estate
PULREDISP1_16	05/16	Real Estate Disputes
PULREDISP2_16	05/16	Real Estate Disputes - Secondary Residence
PULRESCONT_16	05/16	Residential Contractor Disputes
PULSALE_16	05/16	Sale of Real Estate
PULSCHLADMN_16	05/16	School Administrative Hearings
PULSMCLM_16	05/16	Small Claims Court
PULSSVTMD_16	05/16	Social Security/Veterans/Medicare
PULTENANTD_16	05/16	Tenant Matters - Defendant
PULTENANT_16	05/16	Tenant Matters
PULTRUSTS1_16	05/16	Irrevocable Trusts
PULTRUSTS2_16	05/16	Revocable Living Trusts
PULWILL_16	05/16	Wills & Durable Power of Attorney
PULZONVAR_16	05/16	Zoning and Variances
PULADVICE1_16	05/16	Advice and Consultation In Office
PULADVICE2_16	05/16	Advice and Consultation
PULCHLDCUSSUPAGR1_16	05/16	Child Custody/Child Support Agreement
PULCHLDCUSSUPAGR2_16	05/16	Uncontested Child Custody/Child Support Agreement
PULCHLDCUSSUPAGR3_16	05/16	Contested Child Custody/Child Support Agreement - 8 hours
PULCONSTLOAN1_16	05/16	Construction Loan - Primary Residence
PULCONSTLOAN2_16	05/16	Construction Loan - Secondary Residence
PULELDERLAW_16	05/16	Elder Law
PULEXECUTORAPPT_16	05/16	Executor Appointment
PULGUARDDISPUTE_16	05/16	Guardianship/Conservatorship Dispute
PULHOMEEQUITY1_16	05/16	Home Equity Loan - Primary Residence
PULHOMEEQUITY2_16	05/16	Home Equity Loan - Secondary Residence
PULIMMIGRATION_16	05/16	Immigration
PULINSDISPUTE_16	05/16	Insurance Disputes
PULLANDPURCHASE_16	05/16	Land Purchase - Primary Residence
PULLOANMOD1_16	05/16	Loan Modification - Primary Residence
PULLOANMOD2_16	05/16	Loan Modification - Secondary Residence
PULONLINE_16	05/16	Online Content Protection
PULPATERNITYDEF_16	05/16	Paternity - Defendant
PULPATERNITYEST_16	05/16	Paternity - Establishment
PULPOSTJUDGENF_16	05/16	Post Judgment Enforcement
PULPROPREF2_16	05/16	Refinancing - Secondary Residence
PULPROPTAX2_16	05/16	Property Tax - Secondary Residence
PULRENTALDISPUTES_16	05/16	Rental Property Disputes
PULSTATELOCALTAX1_16	05/16	State and Local Tax Collection Defense
PULSTATELOCALTAX2_16	05/16	State and Local Tax Audit
PULBANK2_16	03/18	Bankruptcy
PULBLDGCDE2_16	03/18	Building Codes - Secondary Residence
PULCHLDSUP4_16	03/18	Child Support Enforcement
PULCHLDSUP5_16	03/18	Uncontested Child Support Enforcement
PULCHLDSUP6_16	03/18	Contested Child Support Enforcement - 8 Hours
PULDOCPREP2_16	03/18	Document Preparation
PULDOCREV_16	03/18	Document Review
PULDOMESTIC2_16	03/18	Protection from Domestic Violence - Named Insured
PULDOMESTIC3_16	03/18	Protection from Domestic Violence - Insured
PULEASEMENT2_16	03/18	Easement - Secondary Residence
PULFILINGFEES1_16	03/18	Court Filing Fees - \$50
PULFILINGFEES2_16	03/18	Court Filing Fees - \$100
PULFORECL2_16	03/18	Foreclosure - Secondary Residence
PULINHERIT2_16	03/18	Protection of Inheritance Rights
PULMECHANICSLIEN_16	03/18	Mechanic's Lien
PULPOSTMOD4_16	03/18	Post Decree Modification - Alimony and Child Support

Continued

PULPOSTMOD5_16	03/18	Uncontested Post Decree Modification - Alimony and Child Support
PULPOSTMOD6_16	03/18	Contested Post Decree Modification - Alimony and Child Support - 8 Hours
PULQDRO_16	03/18	Qualified Domestic Relations Order
PULRENTALPURCH_16	03/18	Purchase of Real Estate - Rental
PULRENTALSALE_16	03/18	Sale of Real Estate - Rental
PULRESTRNORDER1_16	03/18	Restraining Order - Named Insured
PULRESTRNORDER2_16	03/18	Restraining Order - Insured
PULSTUDENTLOANDEBT_16	03/18	Student Loan Debt Collection
PULTRUSTFUNDING_16	03/18	Funding a Trust
PULZONVAR2_16	03/18	Zoning and Variances - Secondary Residence

Countersignature (if required)

DEFINITIONS

"BENEFITS" – the legal coverages listed on the declarations page of the policy or in the **benefits** section of the **Certificate of Insurance**.

"CERTIFICATE OF INSURANCE" or **"CERTIFICATE"** – the document provided by **us** to the **named insured** that describes the **benefits** and terms of the insurance policy.

"CERTIFICATE YEAR" – twelve (12) month period as listed on the declarations page of the policy issued to the **policyholder**.

"CONTESTED" – an action in which one or more disputed material issues must be litigated, determined and resolved through court, mediation, arbitration, or administrative proceedings; or substantial negotiation of opposing position is required to resolve the action.

"EFFECTIVE DATE" – the date on which the **policyholder** enrolls the **named insured** and from which date premium has been paid for **you**.

"GENERAL IN OFFICE LEGAL SERVICES" – time spent by an attorney and their office staff for **your** legal issue that is not otherwise covered or excluded under this plan and which does not include costs such as, but not limited to: filing fees, copy costs, mileage, title insurance, expert witnesses, mediator, home studies, transcriptionists, title search, and title abstracting.

"GOODS" – a physical product that is capable of being delivered. Ownership of a good can be transferred from the seller to the buyer.

"INDEMNITY BENEFITS" – means covered **legal services** which are reimbursed to the **insured** up to the **benefit** amount indicated under the specific coverage. The **insured** is responsible for all **legal services** which may exceed the amount paid by **us**.

"INSURED" – as dictated by premium paid and as indicated by coverages listed in the **"Benefits"** section, the **named insured** only or the **named insured** and the **named insured's** spouse, [or domestic partner (who is registered with us)] and/or eligible dependents. Eligible dependents [and/or domestic partner] are defined by mutual agreement between the **policyholder** and **us**.

"INSURED EVENT" – an event covered by this policy whose initiation date will be considered the earlier of the date (a) written notice of a **legal dispute** is sent or filed by **you** or received by **you**; or (b) a ticket or citation is issued; or (c) an attorney is hired.

"INSURED RENTAL PROPERTY" – a single dwelling (house, apartment, duplex or condominium) that **you** have an ownership interest in and that is not **your primary residence** and that for a portion of the year is rented out to another individual.

"LEGAL DISPUTE" – means a disagreement between **you** and any other party regarding **your** legal rights.

"LEGAL SERVICES" – time spent by an attorney and their office staff for **your** covered legal matters which does not include costs such as, but not limited to: filing fees, copy costs, mileage, title insurance, expert witnesses, mediator, home studies, transcriptionists, title search, and title abstracting.

"NAMED INSURED" – a person enrolled via the **policyholder** with **us** as entitled to coverage under the terms of this policy.

"NETWORK ATTORNEY" – means an attorney with whom **we** have contracted to perform covered **legal services** in the United States for **you** and who has contracted with **us** to provide the specific covered **legal services** for which **you** are seeking assistance.

“NON-NETWORK ATTORNEY” – means an attorney, who is not a **Network Attorney**, chosen by **you** to perform **legal services** covered under the **indemnity benefits** of this policy.

“NON-MOVING OFFENSE” – parking ticket, registration, equipment or other violations that aren't handled in conjunction with a moving violation.

“PERSONAL PROPERTY” – means property, which is not **real property** and which does not produce income.

“POLICYHOLDER” – means the organization named in the declarations page.

“PRIMARY RESIDENCE” – the single dwelling where **you** actually live that is considered **your** legal residence for income tax purposes.

“REAL PROPERTY” – land and all permanent structures attached to it.

“REFINANCING” – paying off one loan with the proceeds from a new loan using the same **real property** as security.

“SECONDARY RESIDENCE” – a single dwelling (house, apartment, duplex, or condominium) that **you** have an ownership interest in and that is not **your primary residence**.

“SERVICE” – a duty or labor provided from one person to another. It is the non-material equivalent of a **good**. There is no physical product that can transfer ownership.

“TRIAL” – means the proceeding in court or in a covered administrative proceeding when the parties try their case beginning with the impaneling of a jury in a jury **trial** or with opening statement if the parties are in a non-jury **trial**. **Trial** does not include things such as hearings, appearances on motions, negotiated pleas, pre-**trial** conferences, or appearances, and continuances by the court.

“UNCONTESTED” – an action in which all matters are settled without court intervention, mediation, arbitration, or substantial negotiation of opposing position.

“WE”, “US”, and “OUR” – ARAG Insurance Company.

“YOU” and “YOUR” – an **insured**.

ARAG INSURANCE COMPANY

AGREEMENT

We will provide the insurance described in this policy and **benefit** endorsements in return for the premium and compliance with all applicable provisions of this policy. Matters which are not expressly listed in this policy are not covered. If the **named insured** purchased only individual coverage, **legal services** rendered to persons other than the **named insured** are not covered.

You can choose a **Network Attorney** or **Non-Network Attorney** for **legal services** provided to **you** resulting from an **insured event** which occurs after **your effective date** and while **your Certificate of Insurance** is in effect. **We** will pay **benefits** for **legal services** up to the maximum amount listed in the **benefits** section of this policy.

If **you** have any questions regarding **your** policy please call 1-800-247-4184.

EXCLUSIONS

We do not provide coverage for:

1. Matters against **us**, the **policyholder** or an **insured** against the interests of the **named insured** under the same **Certificate**.
2. **Legal services** arising out of a business interest, investment interests, employment matters, employee benefits, **your** role as an officer or director of an organization, and patents or copyrights.
3. **Legal services** in class actions, punitive damages, malpractice, court appeals or post judgments (settlement agreement signed by all parties, final binding arbitration, judgment issued by a court).
4. **Legal services** deemed by **us** to be frivolous or lacking merit, or in actions where **you** are the plaintiff and the amount **we** pay for **your legal services** exceeds the amount in dispute, or in **our** reasonable belief **you** are not actively and reasonably pursuing resolution in **your** case.

CONDITIONS

Policy Period and Territory

This policy applies to **insured events** which occur worldwide while **your Certificate of Insurance** is in effect. If an **insured event** occurs outside the United States **indemnity benefits** apply.

Any **insured event** which occurs prior to the **effective date** of an **insured** will be considered excluded and no **benefits** will apply.

Eligibility

Each eligible person as described in the Declarations, who is registered with **us**, and for whom a premium is paid, shall become an **insured** on the **effective date**.

Cancellation and Termination

Neither **we** nor the **policyholder** will cancel this policy during the term defined in the Declarations except for fraud or for the failure to pay premium due. **We** will give **you** thirty (30) days notice of cancellation for nonpayment of premium and forty-five (45) days notice of cancellation for any other reason.

If the **named insured** ends employment or membership in the group to which this policy is issued (except upon the **named insured's** death), or the policy is canceled by the **policyholder**, **your** coverage will cease at the end of the term for which premium is paid.

Waiver of Premium

Upon the death of the **named insured**, coverage for the surviving spouse [or domestic partner] and the **insured** dependents continues under the policy for one year, and **we** waive further premium payments during this time. Coverage shall terminate prior to the end of the one year period if the **policyholder** cancels the policy during that time frame, in such case, coverage shall cease as of the date the **policyholder** cancels the policy.

Should a **named insured** be called to active duty for a period of more than thirty (30) consecutive days for the purposes of military service or of responding to a declared national emergency, coverage for the spouse [or domestic partner] and the **insured** dependents will continue, without the payment of premium, for the length of the **named insured's** absence and for so long as the **named insured** remains eligible for **benefits** through the **policyholder**.

Conversion

You may continue insurance when **you** no longer qualify as an employee of the **policyholder** or as a member of the group to which this policy is issued. **You** must notify **us** within ninety (90) days of this disqualifying event to make arrangements for premium payment. Payment of premium is required from the last date of **your** eligibility under this policy.

Adjustment of Premium

Adjustment of premium based upon termination or addition of **insured's** shall be calculated by **us**. Payments or refunds shall be due on the first day of the following calendar month.

Notice to any agent or knowledge possessed by any agent or by any other person shall not affect a waiver or change any part of this policy or stop **us** from asserting any right under the terms of this policy; nor shall the terms of this policy be waived or changed except as stated above.

Any terms of this policy which are in conflict with the state where issued are amended to conform to the statutes.

Coordination of Benefits

This policy coordinates **benefits** as defined in the National Association of Insurance Commissioners Model Coordination of Benefits Provisions.

If **you** are entitled to receive **legal services** or reimbursement for **legal services** from any other person or organization, **our** coverage will be excess.

Payment by **us** for **legal services** under this policy does not preclude **your** attorney from seeking and recovering attorney fees from an opposing party, where authorized by law, court rule or contract, at the attorney's usual and customary or prevailing rate. If **you** receive reimbursement of attorney's fees, then **you** will reimburse **us** for payments made under this policy.

Payment Limitations

You may not make claims under separate **benefits** for one legal matter.

Notice of Claim, Proof of Expense Incurred and Payment of Claim

You or **your** representative must submit a written notice of claim to **us** within one year after the **insured event**. A claim form and itemized billing are required within one hundred eighty (180) days after **legal services** for which **you** seek payment are completed.

You are responsible for verifying **your** legal matter is covered under **your** legal plan with **us** prior to receiving **legal services**. **You** will be responsible for payment to the attorney at their usual and customary rate if **your** matter is not covered.

You must give **us** all information **we** request with respect to the circumstances of an **insured event** or **service** provided. **We** have the right to withhold **benefits** if the requested information is not provided to **us**.

Fraud or Abuse

We do not provide **benefits** for **you** if **you** have intentionally concealed or misrepresented any material fact or circumstance or have made false statements or engaged in fraudulent conduct relating to **your** insurance. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **We** may discontinue **your** benefits if **we** deem that **you** are exhibiting hostile or abusive behavior towards **us**, **our** employees and/or **Network Attorneys**.

Subrogation

We may require **you** to assign all rights of recovery of legal fees to the extent that payment is made by **us**. If an assignment is sought, **you** must cooperate with **us**.

Relation of the Parties

You have the unrestricted right to choose an attorney. The attorney is not **our** agent or employed by **us** or the **policyholder**. **We** and the **policyholder** shall at no time control or interfere with the performance of the attorney and **we** do not guarantee the skill of the attorney. Any payment to a **network attorney** for **legal services** is **our** responsibility up to **your** policy limits.

Grievances

If **you** have a problem with a **Network Attorney** in the handling of a legal matter covered under this insurance policy, contact **us** for assistance in resolving **your** issue.

You have the right to file a complaint with the State Bar about **your** attorney at any time.

Non-Assessable Policy

This policy is non-assessable. **You** are not subject to contingent liability, nor liable to assessment.

This policy is signed at Des Moines, Iowa on behalf of ARAG Insurance Company by **our** President and Secretary. It is countersigned by **our** authorized agent (if required).

The image shows two handwritten signatures in black ink. The signature on the left is 'Ann Cosimano' and the signature on the right is 'David R. Murray'.

Ann Cosimano
Secretary

David R. Murray
President

Bankruptcy

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
-----------------	--------------------------------------	--

Bankruptcy

Legal services for an **insured** up to and including filing of a Chapter 7 bankruptcy final report or confirmation of a Chapter 13 bankruptcy and including post-confirmation amendments/modifications. This **benefit** does not include the ongoing maintenance of a Chapter 13 repayment plan.

Chapter 7	PAID IN FULL	\$ [880]*
Chapter 13	PAID IN FULL	\$ [1,200]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Building Codes - Secondary Residence

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Building Codes - Secondary Residence</u>		
Legal services for an insured in an administrative action for permit or code violations relating to the renovation and/or improvement of your existing secondary residence .	PAID IN FULL	\$ [400]*
Trial for three (3) days or less	PAID IN FULL	\$ [1,800]**
Trial starting on day four (4) until completion	PAID IN FULL	\$ [100,000]***

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

** **Trial Indemnity Benefits** are (\$[300] per 1/2 day of **Trial** time) up to the stated amount

*** **Trial Indemnity Benefits** are (\$[400] per 1/2 day of **Trial** time) up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Child Support Enforcement

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Child Support Enforcement</u>		
Legal services for an insured for a motion brought by you or against you to enforce a final decree for child support.	PAID IN FULL	\$ [640]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Uncontested Child Support Enforcement

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Uncontested Child Support Enforcement</u>		
Legal services for an insured for an uncontested motion brought by you or against you to enforce a final decree for child support.	PAID IN FULL	\$ [320]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Contested Child Support Enforcement - 8 Hours

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Contested Child Support Enforcement - 8 Hours</u>		
Legal services for an insured for a contested motion brought by you or against you to enforce a final decree for child support.	PAID IN FULL (up to 8 hours per insured event)	\$ [640]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Document Preparation

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
-----------------	--------------------------------------	--

Document Preparation

Legal services for an **insured** for the preparation of Deeds, Mortgages, Promissory Notes, Affidavits, Lease Contracts, Demand Letters, and Installment Contracts, Bill of Sale and HIPAA Authorization.

PAID IN FULL

\$ [40] per document

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Document Review

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
-----------------	--------------------------------------	--

Document Review

Legal services for an **insured** for the review of **your** personal legal documents.

PAID IN FULL

\$ [40] per document

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Protection from Domestic Violence - Named Insured

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<hr/>		
<u>Protection from Domestic Violence - Named Insured</u>		
Legal services for the named insured to obtain a protective order related to domestic violence.	PAID IN FULL	\$ [320]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Protection from Domestic Violence - Insured

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Protection from Domestic Violence - Insured</u>		
Legal services for an insured to obtain a protective order related to domestic violence when the opposing party is not an insured under the same Certificate .	PAID IN FULL	\$ [320]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Easement - Secondary Residence

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Easement - Secondary Residence</u>		
Legal services for an insured in an administrative action regarding an easement on your secondary residence .	PAID IN FULL	\$ [400]*
Trial for three (3) days or less	PAID IN FULL	\$ [1,800]**
Trial starting on day four (4) until completion	PAID IN FULL	\$ [100,000]***

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

** **Trial Indemnity Benefits** are (\$[300] per 1/2 day of **Trial** time) up to the stated amount

*** **Trial Indemnity Benefits** are (\$[400] per 1/2 day of **Trial** time) up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Court Filing Fees - \$50

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<hr/>		
<u>Court Filing Fees - \$50</u>		
Reimbursement for court filing fees paid by an insured associated with a covered benefit .	N/A	\$ 50* per insured event

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Court Filing Fees - \$100

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<hr/>		
<u>Court Filing Fees - \$100</u>		
Reimbursement for court filing fees paid by an insured associated with a covered benefit.	N/A	\$ 100* per insured event

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is
effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Foreclosure - Secondary Residence

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Foreclosure - Secondary Residence</u>		
Legal services for an insured regarding written notice of a foreclosure related to your secondary residence .	PAID IN FULL	\$ [480]*
Trial for three (3) days or less	PAID IN FULL	\$ [1,800]**
Trial starting on day four (4) until completion	PAID IN FULL	\$ [100,000]***

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

** **Trial Indemnity Benefits** are (\$[300] per 1/2 day of **Trial** time) up to the stated amount

*** **Trial Indemnity Benefits** are (\$[400] per 1/2 day of **Trial** time) up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Protection of Inheritance Rights

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
-----------------	--------------------------------------	--

Protection of Inheritance Rights

Legal services for an **insured** claiming the right to inherit from or assert a claim against a deceased person's estate.

PAID IN FULL

\$ [480]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Mechanic's Lien

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Mechanic's Lien</u>		
Legal services for an insured to remove a mechanic's lien.	PAID IN FULL	\$ [480]*
Trial for three (3) days or less	PAID IN FULL	\$ [1,800]**
Trial starting on day four (4) until completion	PAID IN FULL	\$ [100,000]***

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

** **Trial Indemnity Benefits** are (\$[300] per 1/2 day of **Trial** time) up to the stated amount

*** **Trial Indemnity Benefits** are (\$[400] per 1/2 day of **Trial** time) up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Post Decree Modification - Alimony and Child Support

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Post Decree Modification - Alimony and Child Support</u>		
Legal services for an insured for a motion brought by you to modify a final decree for child support or alimony.		
Alimony	PAID IN FULL	\$ [400]*
Child Support	PAID IN FULL	\$ [640]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Uncontested Post Decree Modification - Alimony and Child Support

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Uncontested Post Decree Modification - Alimony and Child Support</u>		
Legal services for an insured for an uncontested motion brought by you to modify a final decree for child support or alimony.	PAID IN FULL	\$ [320]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Contested Post Decree Modification - Alimony and Child Support - 8 Hours

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Contested Post Decree Modification - Alimony and Child Support - 8 Hours</u>		
Legal services for an insured for a contested motion brought by you to modify a final decree for child support or alimony.	PAID IN FULL (up to 8 hours per insured event)	\$ [640]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Qualified Domestic Relations Order

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<hr/>		
<u>Qualified Domestic Relations Order</u>		
Legal services for an insured for the preparation and filing of a Qualified Domestic Relations Order (QDRO).	PAID IN FULL	\$ [160]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Purchase of Real Estate - Rental

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
-----------------	--------------------------------------	--

Purchase of Real Estate - Rental

Legal services for an **insured** for the purchase of **your insured rental property** for the review and preparation of documents including contract for purchase and attendance at closing.

PAID IN FULL

\$ [320]*

This **benefit** is limited to one usage per family per **certificate year**.

(Exclusion #2 as it relates specifically to investment interests does not apply to this **benefit**.)

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Sale of Real Estate - Rental

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
-----------------	--------------------------------------	--

Sale of Real Estate - Rental

Legal services for an **insured** for the sale of **your insured rental property** for the review and preparation of documents including contract for sale and attendance at closing.

PAID IN FULL

\$ [320]*

This **benefit** is limited to one usage per family per **certificate year**.

(Exclusion #2 as it relates specifically to investment interests does not apply to this **benefit**.)

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Restraining Order - Named Insured

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
-----------------	--------------------------------------	--

Restraining Order - Named Insured

Legal services for the **named insured** to obtain a restraining order.

PAID IN FULL

\$ [320]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Restraining Order - Insured

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Restraining Order - Insured</u>		
Legal services for an insured to obtain a restraining order when the opposing party is not an insured under the same Certificate .	PAID IN FULL	\$ [320]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Student Loan Debt Collection

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Student Loan Debt Collection</u>		
Legal services for an insured as the defendant in a legal dispute related to your student loan.	PAID IN FULL	\$ [480]*
Trial for three (3) days or less	PAID IN FULL	\$ [1,800]**
Trial starting on day four (4) until completion	PAID IN FULL	\$ [100,000]***

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

** **Trial Indemnity Benefits** are (\$[300] per 1/2 day of **Trial** time) up to the stated amount

*** **Trial Indemnity Benefits** are (\$[400] per 1/2 day of **Trial** time) up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Funding a Trust

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
-----------------	--------------------------------------	--

Funding a Trust

Legal services for an **insured** to fund an existing trust.

PAID IN FULL

\$ [160]*

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

Zoning and Variances - Secondary Residence

See Policy "Agreement" Section

COVERAGE	Network Attorney Benefits	Non-Network Attorney INDEMNITY Benefits
<u>Zoning and Variances - Secondary Residence</u>		
Legal services for an insured in an administrative action related to a zoning change, variance, or an eminent domain proceeding involving your secondary residence .	PAID IN FULL	\$ [400]*
Trial for three (3) days or less	PAID IN FULL	\$ [1,800]**
Trial starting on day four (4) until completion	PAID IN FULL	\$ [100,000]***

* **Non-Network Attorney Indemnity Benefits** are up to the stated amount

** **Trial Indemnity Benefits** are (\$[300] per 1/2 day of **Trial** time) up to the stated amount

*** **Trial Indemnity Benefits** are (\$[400] per 1/2 day of **Trial** time) up to the stated amount

This agreement forms a part of Policy Number _____ issued to _____ and is effective _____.

By ARAG Insurance Company of Des Moines, Iowa

By _____
Authorized Representative

CERTIFICATE OF INSURANCE

Legal Expense Insurance Plan

**ARAG, 500 Grand Avenue, Suite 100, Des Moines, Iowa 50309
800-247-4184 [ARAGlegal.com]
Underwritten by ARAG Insurance Company, Des Moines, Iowa**

DEFINITIONS

"BENEFITS" – the legal coverages listed on the declarations page of the policy or in the **benefits** section of the **Certificate of Insurance**.

"CERTIFICATE OF INSURANCE" or **"CERTIFICATE"** – the document provided by **us** to the **named insured** that describes the **benefits** and terms of the insurance policy.

"CERTIFICATE YEAR" – twelve (12) month period as listed on the declarations page of the policy issued to the **policyholder**.

"CONTESTED" – an action in which one or more disputed material issues must be litigated, determined and resolved through court, mediation, arbitration, or administrative proceedings; or substantial negotiation of opposing position is required to resolve the action.

"EFFECTIVE DATE" – the date on which the **policyholder** enrolls the **named insured** and from which date premium has been paid for **you**.

"GENERAL IN OFFICE LEGAL SERVICES" – time spent by an attorney and their office staff for **your** legal issue that is not otherwise covered or excluded under this plan and which does not include costs such as, but not limited to: filing fees, copy costs, mileage, title insurance, expert witnesses, mediator, home studies, transcriptionists, title search, and title abstracting.

"GOODS" – a physical product that is capable of being delivered. Ownership of a good can be transferred from the seller to the buyer.

"INDEMNITY BENEFITS" – means covered **legal services** which are reimbursed to the **insured** up to the **benefit** amount indicated under the specific coverage. The **insured** is responsible for all **legal services** which may exceed the amount paid by **us**.

"INSURED" – as dictated by premium paid and as indicated by coverages listed in the **"Benefits"** section, the **named insured** only or the **named insured** and the **named insured's** spouse, [or domestic partner (who is registered with us)] and/or eligible dependents. Eligible dependents [and/or domestic partner] are defined by mutual agreement between the **policyholder** and **us**.

"INSURED EVENT" – an event covered by this policy whose initiation date will be considered the earlier of the date (a) written notice of a **legal dispute** is sent or filed by **you** or received by **you**; or (b) a ticket or citation is issued; or (c) an attorney is hired.

"INSURED RENTAL PROPERTY" – a single dwelling (house, apartment, duplex or condominium) that **you** have an ownership interest in and that is not **your primary residence** and that for a portion of the year is rented out to another individual.

"LEGAL DISPUTE" – means a disagreement between **you** and any other party regarding **your** legal rights.

"LEGAL SERVICES" – time spent by an attorney and their office staff for **your** covered legal matters which does not include costs such as, but not limited to: filing fees, copy costs, mileage, title insurance, expert witnesses, mediator, home studies, transcriptionists, title search, and title abstracting.

"NAMED INSURED" – a person enrolled via the **policyholder** with **us** as entitled to coverage under the terms of this policy.

"NETWORK ATTORNEY" – means an attorney with whom **we** have contracted to perform covered **legal services** in the United States for **you** and who has contracted with **us** to provide the specific covered **legal services** for which **you** are seeking assistance.

“NON-NETWORK ATTORNEY” – means an attorney, who is not a **Network Attorney**, chosen by **you** to perform **legal services** covered under the **indemnity benefits** of this policy.

“NON-MOVING OFFENSE” – parking ticket, registration, equipment or other violations that aren't handled in conjunction with a moving violation.

“PERSONAL PROPERTY” – means property, which is not **real property** and which does not produce income.

“POLICYHOLDER” – means the organization named in the declarations page.

“PRIMARY RESIDENCE” – the single dwelling where **you** actually live that is considered **your** legal residence for income tax purposes.

“REAL PROPERTY” – land and all permanent structures attached to it.

“REFINANCING” – paying off one loan with the proceeds from a new loan using the same **real property** as security.

“SECONDARY RESIDENCE” – a single dwelling (house, apartment, duplex, or condominium) that **you** have an ownership interest in and that is not **your primary residence**.

“SERVICE” – a duty or labor provided from one person to another. It is the non-material equivalent of a **good**. There is no physical product that can transfer ownership.

“TRIAL” – means the proceeding in court or in a covered administrative proceeding when the parties try their case beginning with the impaneling of a jury in a jury **trial** or with opening statement if the parties are in a non-jury **trial**. **Trial** does not include things such as hearings, appearances on motions, negotiated pleas, pre-**trial** conferences, or appearances, and continuances by the court.

“UNCONTESTED” – an action in which all matters are settled without court intervention, mediation, arbitration, or substantial negotiation of opposing position.

“WE”, “US”, and “OUR” – ARAG Insurance Company.

“YOU” and “YOUR” – an **insured**.

In-Office Legal Benefits

We will pay the attorney fees of the **Network Attorney** for covered **legal services** provided to **you** resulting from an **insured event** which occurs after **your effective date** and while **your Certificate of Insurance** is in effect for the legal matters listed below.

You can choose a **Non-Network Attorney** instead of a **Network Attorney**. If **you** choose a **Non-Network Attorney** for covered **legal services** provided to **you** resulting in an **insured event** which occurs after **your effective date** and while **your Certificate of Insurance** is in effect, **we** will reimburse **you** for the attorney fees for covered **legal services** up to the maximum amounts listed below.

Only matters expressly listed are covered **benefits** and are paid as indicated below.

If the **named insured** purchased only individual coverage, **legal services** rendered to persons other than the **named insured** are not covered.

How to Obtain In-Office Legal Services and Court Representation

You may choose a **Network Attorney** or **Non-Network Attorney** as follows:

Network Attorney Services

There are **Network Attorneys** throughout **your** state. To obtain a list of **Network Attorneys** you can:

1. Call 800-247-4184 and a Customer Service Specialist will assist **you** by:
 - Describing how the plan **benefits** work and what types of situations are covered.
 - Providing **you** a listing of **Network Attorneys** specific to **your** need.
 - Providing a Case Confirmation Number that outlines **your** coverage.
2. Visit **our** Web site at [ARAGlegal.com] and log on as a member and search using the Attorney Finder.

Simply call an attorney for an appointment. When **you** call, identify yourself as a member of **your** group's legal plan. If **you** have a Case Confirmation Number, **you** should provide it to the **Network Attorney**. If not, the **Network Attorney** may call **us** to confirm **your** coverage and then proceed to provide **services**. If **you** choose a **Network Attorney** to provide covered **legal services**, the **Network Attorney** will bill **us** directly for his/her attorney fees.

Non-Network Attorney Services

If **you** choose a **Non-Network Attorney**, **we** will pay **your** attorney fees for covered **legal services** according to the **Non-Network Attorney indemnity benefits** schedule. Instructions for submitting a claim are printed on the claim form. For a form, call 800-247-4184. Or **you** can download a form from **our** Web site at [ARAGlegal.com].

[Endorsement Options Inserted Here]

- * **Non-Network Attorney Indemnity Benefits** are up to the stated amount
- ** **Trial Indemnity Benefits** are (\$[300] per 1/2 day of **Trial** time) up to the stated amount
- *** **Trial Indemnity Benefits** are (\$[400] per 1/2 day of **Trial** time) up to the stated amount

CONDITIONS

Policy Period and Territory

This policy applies to **insured events** which occur worldwide while **your Certificate of Insurance** is in effect. If an **insured event** occurs outside the United States **indemnity benefits** apply.

Any **insured event** which occurs prior to the **effective date** of an **insured** will be considered excluded and no **benefits** will apply.

Eligibility

Each eligible person as described in the Declarations, who is registered with **us**, and for whom a premium is paid, shall become an **insured** on the **effective date**.

Cancellation and Termination

Neither **we** nor the **policyholder** will cancel this policy during the term defined in the Declarations except for fraud or for the failure to pay premium due. **We** will give **you** thirty (30) days notice of cancellation for nonpayment of premium and forty-five (45) days notice of cancellation for any other reason.

If the **named insured** ends employment or membership in the group to which this policy is issued (except upon the **named insured's** death), or the policy is canceled by the **policyholder**, **your** coverage will cease at the end of the term for which premium is paid.

Waiver of Premium

Upon the death of the **named insured**, coverage for the surviving spouse [or domestic partner] and the **insured** dependents continues under the policy for one year, and **we** waive further premium payments during this time. Coverage shall terminate prior to the end of the one year period if the **policyholder** cancels the policy during that time frame, in such case, coverage shall cease as of the date the **policyholder** cancels the policy.

Should a **named insured** be called to active duty for a period of more than thirty (30) consecutive days for the purposes of military service or of responding to a declared national emergency, coverage for the spouse [or domestic partner] and the **insured** dependents will continue, without the payment of premium, for the length of the **named insured's** absence and for so long as the **named insured** remains eligible for **benefits** through the **policyholder**.

Conversion

You may continue insurance when **you** no longer qualify as an employee of the **policyholder** or as a member of the group to which this policy is issued. **You** must notify **us** within ninety (90) days of this disqualifying event to make arrangements for premium payment. Payment of premium is required from the last date of **your** eligibility under this policy.

Coordination of Benefits

This policy coordinates **benefits** as defined in the National Association of Insurance Commissioners Model Coordination of Benefits Provisions.

If **you** are entitled to receive **legal services** or reimbursement for **legal services** from any other person or organization, **our** coverage will be excess.

Payment by **us** for **legal services** under this policy does not preclude **your** attorney from seeking and recovering attorney fees from an opposing party, where authorized by law, court rule or contract, at the attorney's usual and customary or prevailing rate. If **you** receive reimbursement of attorney's fees, then **you** will reimburse **us** for payments made under this policy.

Payment Limitations

You may not make claims under separate **benefits** for one legal matter.

Notice of Claim, Proof of Expense Incurred and Payment of Claim

You or **your** representative must submit a written notice of claim to **us** within one year after the **insured event**. A claim form and itemized billing are required within one hundred eighty (180) days after **legal services** for which **you** seek payment are completed.

You are responsible for verifying **your** legal matter is covered under **your** legal plan with **us** prior to receiving **legal services**. **You** will be responsible for payment to the attorney at their usual and customary rate if **your** matter is not covered.

You must give **us** all information **we** request with respect to the circumstances of an **insured event** or **service** provided. **We** have the right to withhold **benefits** if the requested information is not provided to **us**.

Fraud or Abuse

We do not provide **benefits** for **you** if **you** have intentionally concealed or misrepresented any material fact or circumstance or have made false statements or engaged in fraudulent conduct relating to **your** insurance. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **We** may discontinue **your** benefits if **we** deem that **you** are exhibiting hostile or abusive behavior towards **us**, **our** employees and/or **Network Attorneys**.

Subrogation

We may require **you** to assign all rights of recovery of legal fees to the extent that payment is made by **us**. If an assignment is sought, **you** must cooperate with **us**.

Relation of the Parties

You have the unrestricted right to choose an attorney. The attorney is not **our** agent or employed by **us** or the **policyholder**. **We** and the **policyholder** shall at no time control or interfere with the performance of the attorney and **we** do not guarantee the skill of the attorney. Any payment to a **network attorney** for **legal services** is **our** responsibility up to **your** policy limits.

Grievances

If **you** have a problem with a **Network Attorney** in the handling of a legal matter covered under this insurance policy, contact **us** for assistance in resolving **your** issue.

You have the right to file a complaint with the State Bar about **your** attorney at any time.

EXCLUSIONS

We do not provide coverage for:

1. Matters against **us**, the **policyholder** or an **insured** against the interests of the **named insured** under the same **Certificate**.

2. **Legal services** arising out of a business interest, investment interests, employment matters, employee benefits, **your** role as an officer or director of an organization, and patents or copyrights.
3. **Legal services** in class actions, punitive damages, malpractice, court appeals or post judgments (settlement agreement signed by all parties, final binding arbitration, judgment issued by a court).
4. **Legal services** deemed by **us** to be frivolous or lacking merit, or in actions where **you** are the plaintiff and the amount **we** pay for **your legal services** exceeds the amount in dispute, or in **our** reasonable belief **you** are not actively and reasonably pursuing resolution in **your** case.

Network Attorney**Non-Network Attorney
(Indemnity Benefit)**

Bankruptcy**Bankruptcy**

Legal services for an **insured** up to and including filing of a Chapter 7 bankruptcy final report or confirmation of a Chapter 13 bankruptcy and including post-confirmation amendments/modifications. This **benefit** does not include the ongoing maintenance of a Chapter 13 repayment plan.

Chapter 7

PAID IN FULL

\$ [880]*

Chapter 13

PAID IN FULL

\$ [1,200]*

(CULBANK2_16 03/18)

	Network Attorney	Non-Network Attorney (Indemnity Benefit)
--	------------------	---

Building Codes - Secondary Residence

Building Codes - Secondary Residence
Legal services for an **insured** in an administrative action for permit or code violations relating to the renovation and/or improvement of **your** existing **secondary residence**.

PAID IN FULL	\$ [400]*
--------------	-----------

Trial for three (3) days or less

PAID IN FULL	\$ [1,800]**
--------------	--------------

Trial starting on day four (4) until completion

PAID IN FULL	\$ [100,000]***
--------------	-----------------

(CULBLDGCDE2_16 03/18)

Network Attorney

Non-Network Attorney
(Indemnity Benefit)

Child Support Enforcement

Child Support Enforcement
Legal services for an **insured** for a motion
brought by **you** or against **you** to enforce a
final decree for child support.

PAID IN FULL

\$ [640]*

(CULCHLDSUP4_16 03/18)

Network Attorney

Non-Network Attorney
(Indemnity Benefit)

Uncontested Child Support Enforcement

Uncontested Child Support Enforcement
Legal services for an **insured** for an
uncontested motion brought by **you** or
against **you** to enforce a final decree for
child support.

PAID IN FULL

\$ [320]*

(CULCHLDSUP5_16 03/18)

Network Attorney

**Non-Network Attorney
(Indemnity Benefit)**

**Contested Child Support Enforcement - 8
Hours**

**Contested Child Support Enforcement - 8
Hours**

Legal services for an **insured** for a
contested motion brought by **you** or
against **you** to enforce a final decree for
child support.

PAID IN FULL
(up to 8 hours per
insured event)

\$ [640]*

(CULCHLDSUP6_16 03/18)

Network Attorney**Non-Network Attorney
(Indemnity Benefit)**

Document Preparation**Document Preparation**

Legal services for an **insured** for the preparation of Deeds, Mortgages, Promissory Notes, Affidavits, Lease Contracts, Demand Letters, and Installment Contracts, Bill of Sale and HIPAA Authorization.

PAID IN FULL

\$ [40] per document

(CULDOCPREP2_16 03/18)

	Network Attorney	Non-Network Attorney (Indemnity Benefit)
--	------------------	---

Document Review

Document Review
Legal services for an **insured** for the review of **your** personal legal documents.

PAID IN FULL

\$ [40] per document

(CULDOCREV_16 03/18)

Network Attorney	Non-Network Attorney (Indemnity Benefit)
------------------	---

**Protection from Domestic Violence -
Named Insured**

Protection from Domestic Violence - Named Insured

Legal services for the **named insured** to obtain a protective order related to domestic violence.

PAID IN FULL

\$ [320]*

Network Attorney	Non-Network Attorney (Indemnity Benefit)
------------------	---

Protection from Domestic Violence - Insured

Protection from Domestic Violence - Insured Legal services for an **insured** to obtain a protective order related to domestic violence when the opposing party is not an **insured** under the same **Certificate**.

PAID IN FULL

\$ [320]*

(CULDOMESTIC3_16 03/18)

Network Attorney**Non-Network Attorney
(Indemnity Benefit)**

Easement - Secondary Residence**Easement - Secondary Residence**

Legal services for an **insured** in an administrative action regarding an easement on **your secondary residence**.

PAID IN FULL

\$ [400]*

Trial for three (3) days or less

PAID IN FULL

\$ [1,800]**

Trial starting on day four (4) until completion

PAID IN FULL

\$ [100,000]***

(CULEASEMENT2_16 03/18)

	Network Attorney	Non-Network Attorney (Indemnity Benefit)
<u>Court Filing Fees - \$50</u>		
Court Filing Fees - \$50 Reimbursement for court filing fees paid by an insured associated with a covered benefit.	N/A	\$ 50* per insured event

(CULFILINGFEES1_16 03/18)

	Network Attorney	Non-Network Attorney (Indemnity Benefit)
<u>Court Filing Fees - \$100</u>		
Court Filing Fees - \$100 Reimbursement for court filing fees paid by an insured associated with a covered benefit.	N/A	\$ 100* per insured event

(CULFILINGFEES2_16 03/18)

Network Attorney**Non-Network Attorney
(Indemnity Benefit)**

Foreclosure - Secondary Residence

Foreclosure - Secondary Residence
Legal services for an **insured** regarding
written notice of a foreclosure related to
your secondary residence.

PAID IN FULL

\$ [480]*

Trial for three (3) days or less

PAID IN FULL

\$ [1,800]**

Trial starting on day four (4) until
completion

PAID IN FULL

\$ [100,000]***

(CULFORECL2_16 03/18)

Network Attorney

**Non-Network Attorney
(Indemnity Benefit)**

Protection of Inheritance Rights

Protection of Inheritance Rights

Legal services for an **insured** claiming the right to inherit from or assert a claim against a deceased person's estate.

PAID IN FULL

\$ [480]*

(CULINHERIT2_16 03/18)

	Network Attorney	Non-Network Attorney (Indemnity Benefit)
--	------------------	---

Mechanic's Lien

Mechanic's Lien

Legal services for an **insured** to remove a mechanic's lien.

PAID IN FULL

\$ [480]*

Trial for three (3) days or less

PAID IN FULL

\$ [1,800]**

Trial starting on day four (4) until completion

PAID IN FULL

\$ [100,000]***

(CULMECHANICSLIEN_16 03/18)

Network Attorney**Non-Network Attorney
(Indemnity Benefit)**

**Post Decree Modification - Alimony and
Child Support****Post Decree Modification - Alimony and Child
Support**

Legal services for an **insured** for a motion
brought by **you** to modify a final decree for
child support or alimony.

Alimony

PAID IN FULL

\$ [400]*

Child Support

PAID IN FULL

\$ [640]*

(CULPOSTMOD4_16 03/18)

Network Attorney

**Non-Network Attorney
(Indemnity Benefit)**

**Uncontested Post Decree Modification -
Alimony and Child Support**

**Uncontested Post Decree Modification -
Alimony and Child Support**

Legal services for an **insured** for an
uncontested motion brought by **you** to
modify a final decree for child support or
alimony.

PAID IN FULL

\$ [320]*

(CULPOSTMOD5_16 03/18)

Network Attorney

**Non-Network Attorney
(Indemnity Benefit)**

**Contested Post Decree Modification -
Alimony and Child Support - 8 Hours**

**Contested Post Decree Modification - Alimony
and Child Support - 8 Hours**

Legal services for an **insured** for a
contested motion brought by **you** to modify
a final decree for child support or alimony.

PAID IN FULL
(up to 8 hours per
insured event)

\$ [640]*

(CULPOSTMOD6_16 03/18)

Network Attorney

**Non-Network Attorney
(Indemnity Benefit)**

Qualified Domestic Relations Order

**Qualified Domestic Relations Order
Legal services** for an **insured** for the
preparation and filing of a Qualified
Domestic Relations Order (QDRO).

PAID IN FULL

\$ [160]*

(CULQDRO_16 03/18)

Network Attorney

Non-Network Attorney
(Indemnity Benefit)

Purchase of Real Estate - Rental

Purchase of Real Estate - Rental
Legal services for an **insured** for the purchase of **your insured rental property** for the review and preparation of documents including contract for purchase and attendance at closing.

PAID IN FULL

\$ [320]*

This **benefit** is limited to one usage per family per **certificate year**.

(Exclusion #2 as it relates specifically to investment interests does not apply to this **benefit**.)

(CULRENTALPURCH_16 03/18)

Network Attorney

Non-Network Attorney
(Indemnity Benefit)

Sale of Real Estate - Rental

Sale of Real Estate - Rental

Legal services for an **insured** for the sale of **your insured rental property** for the review and preparation of documents including contract for sale and attendance at closing.

PAID IN FULL

\$ [320]*

This **benefit** is limited to one usage per family per **certificate year**.

(Exclusion #2 as it relates specifically to investment interests does not apply to this **benefit**.)

(CULRENTALSALE_16 03/18)

Network Attorney

Non-Network Attorney
(Indemnity Benefit)

Restraining Order - Named Insured

Restraining Order - Named Insured
Legal services for the **named insured** to obtain a restraining order.

PAID IN FULL

\$ [320]*

(CULRESTRNORDER1_16 03/18)

Network Attorney

Non-Network Attorney
(Indemnity Benefit)

Restraining Order - Insured

Restraining Order - Insured
Legal services for an **insured** to obtain a
restraining order when the opposing party is
not an **insured** under the same **Certificate**.

PAID IN FULL

\$ [320]*

(CULRESTRNORDER2_16 03/18)

Network Attorney**Non-Network Attorney
(Indemnity Benefit)**

Student Loan Debt Collection**Student Loan Debt Collection**

Legal services for an **insured** as the defendant in a **legal dispute** related to **your** student loan.

PAID IN FULL

\$ [480]*

Trial for three (3) days or less

PAID IN FULL

\$ [1,800]**

Trial starting on day four (4) until completion

PAID IN FULL

\$ [100,000]***

(CULSTUDENTLOANDEBT_16 03/18)

	Network Attorney	Non-Network Attorney (Indemnity Benefit)
<u>Funding a Trust</u>		
Funding a Trust Legal services for an insured to fund an existing trust.	PAID IN FULL	\$ [160]*

(CULTRUSTFUNDING_16 03/18)

Network Attorney**Non-Network Attorney
(Indemnity Benefit)**

**Zoning and Variances - Secondary
Residence****Zoning and Variances - Secondary Residence**

Legal services for an **insured** in an administrative action related to a zoning change, variance, or an eminent domain proceeding involving **your secondary residence**.

PAID IN FULL

\$ [400]*

Trial for three (3) days or less

PAID IN FULL

\$ [1,800]**

Trial starting on day four (4) until completion

PAID IN FULL

\$ [100,000]***

(CULZONVAR2_16 03/18)

State:	District of Columbia	Filing Company:	ARAG Insurance Company
TOI/Sub-TOI:	33.0 Other Lines of Business/33.0002 Other Commercial Lines		
Product Name:	DC-PULPLAN_2016 03/18		
Project Name/Number:	DC-PULPLAN_2016 03/18/DC-PULPLAN_2016 03/18		

Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	
Attachment(s):	03-18 DC-PULPLAN_2016 Cert of Readability Signed.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

ARAG Insurance Company

Certificate of Readability

Our File Number: DC-PULPLAN_2016 03/18
SERFF Tracking Number: ARAG-131478879

Number of Sentences.....	86
Number of Words.....	3300
Average Words per Sentence.....	22.6
Flesch Reading Ease Score.....	40.1

The Flesch reading ease score for the Group Legal Expense Insurance Policy (DC-PULPLAN_2016 03/18) meets the requirements under DC Code Title 31, 31-4725 (a)(1).

Date: 05/02/2018

Signature: 

Title: Regulatory Compliance Supervisor